

Please Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	8	8-197
EXAMINER	881	9/16
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	704	1-23
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	✓ ✓ ✓ ✓
9	
10	✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓
12	
13	
14	
15	✓ ✓ ✓ ✓
16	
17	
18	
19	
20	
21	
22	
23	✓ ✓ ✓ ✓
24	✓ ✓ ✓ ✓
25	
26	✓ ✓ ✓ ✓
27	
28	
29	
30	✓ ✓ ✓ ✓
31	
32	
33	
34	
35	✓ ✓ ✓ ✓
36	
37	
38	
39	
40	
41	
42	✓ ✓ ✓ ✓
43	✓ ✓ ✓ ✓
44	
45	✓ ✓ ✓ ✓
46	
47	
48	✓ ✓ ✓ ✓
49	
50	✓

#### SYMBOLS

- Rejected
- Allocated
- (Through numbers)
- Cancelled
- Restricted
- Non-elected
- Interference
- Appeal
- Objected

Claim	Date
51	✓
52	
53	
54	
55	
56	✓ ✓ ✓
57	
58	N N N
59	N N N
60	✓ ✓ ✓ ✓
61	
62	
63	
64	✓ ✓ ✓ ✓
65	
66	✓
67	✓
68	
69	
70	
71	
72	
73	
74	✓ ✓ ✓ ✓
75	✓ ✓ ✓
76	✓ ✓ ✓
77	✓ ✓ ✓
78	N N N
79	N N N
80	✓ ✓ ✓
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	✓ ✓
96	
97	
98	
99	
100	✓